

F040000004611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

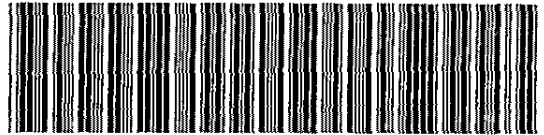
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	Availability
Document Examiner	DCC
Updater	DCC
Updater verifier	DCC
Acknowledgement	DCC
Verifier	DCC

Office Use Only



900039859359

08/09/04--01042--011 **78.75

FILED

2004 AUG -9 P 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Systemedical, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William Norberg, Jr.
(Name of Person)
Systemedical, Inc
(Firm/Company)
3135 S. TAMiami Trail
(Address)
Punta Gorda - Florida 33950
(City/State and Zip code)

FILED
2004 AUG -9 P 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Norberg at (941) 613-3642 (cell-813-307-2344)
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Systemedical, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 20-1409212
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/19/2000 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 3135 S. Tamiami Tr. Punta Gorda FL 33950
(Principal office address)
SAME
(Current mailing address)

8. All lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: William Norberg, Jr.

Office Address: 142 Graham St. S.E.

Port Charlotte FL, Florida 33952
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William Norberg, Jr.
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: William J. Norberg, Jr.

Address: 142 Graham St. S.E.
Port Charlotte, FL 33952

Vice Chairman: _____

Address: _____

Director: William J. Norberg, III

Address: 142 Graham St. S.E.
Port Charlotte, FL 33952

Director: Douglas B. Norberg

Address: 5990 Greenwood Plaza Blvd, #118
Greenwood Village, CO 80111

B. OFFICERS

President: William Norberg, Jr.

Address: SAME AS ABOVE

Vice President: William Norberg, III

Address: SAME AS ABOVE


Secretary: Douglas B. Norberg

Address: SAME AS ABOVE

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. William Norberg, Jr., President
(Typed or printed name and capacity of person signing application)

FILED
2001 AUG -9 P 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

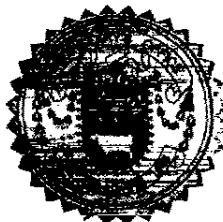
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYSTEMEDICAL, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF MAY, A.D. 2004.

FILED

2004 AUG -9 P 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3145226 8300

040332590

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3119824

DATE: 05-19-04